U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to	comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.					
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.						
For Official Use Only 1. FILE NUMBER 2. PERIO	O COVERED 3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:					
(S Rectd 7) 10 - 596 From	O/O/2001 (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:					
O C Through	(c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:					
<u>-</u>	8. MAILING ADDRESS (Type or print in capital letters.)					
	First Name					
NEIDA THORNTON (3) 010-596						
HOTEL EMPL, RESTAURANT EMPL AFL-CIO 420	·					
LU 135	Last Name					
4620 E 11TH ST RM 201						
TULSA, OK 74112 12/2001	P.O. Box • Building and Room Number (if any)					
	The same same same same same same same sam					
Henrichen illeration de la faire de la						
•	Number and Street					
4. AFFILIATION OR ORGANIZATION NAME	1					
	City					
5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUMBER	City					
7. UNIT NAME (if any)	-					
(, = 4)	State ZIP Code + 4					
Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes No						
56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages	properly identified.)					
Item Number						
<u></u>	<u></u>					
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)						
57. SIGNED: MANIM I have PRESIDENT 58. SIGNED: Dida Maretin TREASURER						
(If other title,						
2/12/02 (918/834-2621 SEE	instructions.) $2//2/02$ (9/8/834-262/ see instructions.)					
Date Telephone Number	Date Telephone Number					

During the Reporting Period Did Your Organization: 10. Have a "subsidiary organization" as defined in Section X of the instructions?	Yes No		How many members organization have at the reporting period?	he end of the	14
Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?	X		What is the maximum recoverable under you fidelity bond for a loss any officer or employe organization?	ır organization's caused by	2506
12. Have a political action committee (PAC) fund?	X		During the reporting p organization have any	changes in its	
Acquire or dispose of any goods or property in any manner other than by purchase or sale?	X			s) or in practices/ ne instructions?	
Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	X	1	attach two new dated	I bylaws have changed, copies. If practices/ nged, see the instruction	ns.)
15. Discover any loss or shortage of funds or other property?	×		What is the date of yo next regular election o	of officers?	3 2003
or recovery.)		<u> </u>	What are your organiz dues and fees? (Enter a minimum and		
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor	X		than one rate applies		s and Fees
organization or of an employee benefit plan? 17. Pay any employee salary, allowances, and other expenses which, together with any payments	, , , , , , , , , , , , , , , , , , ,		(a) Regular Dues/Fees	\$ 24.30 per 1	
from affiliates, totaled more than \$10,000?	\wedge		(b) Initiation Fees	\$ 24.50	
Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?	X		(c) Transfer Fees	\$	
(If the answer to any of the above questions is "Yes," provide of in Item 56 on page 1 as explained in the instructions for each			(d) Work Permits	\$ per	(Month, Year, etc.)

24. ALL OFFICERS AND DISBURSEMENTS
TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 0/0-596

10 OF IOLIO				
(A) Name (List all persons who held office during the reporting penthey received no salary or other disbursements. Use all	capital letters.) Status	Gross Salary (before taxes and other deductions)	Allowances and Other Disbursements	Total
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER	7.) (C)*	(D)	(E)	(F)
	RUIN	1325	180	1505
TITLE PRESIDENT	Status (
2. LEHMAN First Name		00	00	00
TITLE VICE PRESIDENT	Status 💰			
3. THORNTON First Name NE	IDA	5051	2015	7066
THE SECRETARY TREASUR	E Status C			
4. REICH CA	YLA	00	00	00
THERECORDING SECRETA	RY Status C			
Last Name First Name)			
5.				
Tide	Status			
Last Name First Name 6.				
Titte	Status			
Last Name First Name)			, , , , , , , , , , , , , , , , , , ,
7.				
Title	Status			
8. Totals from additional pages (if any)				
9. Totals of Lines 1 through 8		6376.	2195	8571
			10. Less Deductions	1098
Enter the Total from Line 11 in		Item 45 ⇒	11. Net Disbursements	7473
*Code for Status (C): past officer — P; continuing officer — C; new off	ficer during the repo	rting period — N. (If any your o	officer was not elected at a regul rganization's constitution and bylaws	lar election in accordance with c, explain in Item 56 on page 1.)

Form LM-3 (Revised 2000)

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Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 6/0-596

	ASSETS Item	Start of Reporting Period (A)	` -	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
ES	25. Cash	5207	8630	32. Accounts Payable	00	00
.A BILIT	26. Loans Receivable	00	00	33. Loans Payable	00	66
STATEMENT TS AND LIAE	27. U.S. Treasury Securities	00	00	34. Mortgages Payable	00	00
ATE	28. Investments	00	00	35. Other Liabilities	60	60
SSETS	29. Fixed Assets	00	00	36. TOTAL LIABILITIES	00	00
AS	30. Other Assets	00	00			
	31. TOTAL ASSETS	5207	8630	37. NET ASSETS (Item 31 less Item 36)	5207	8630

	CASH RECEIPTS Item	AMOUNT CASH DISBURSEMENTS Item		AMOUNT
	38. Dues	29137	45. To Officers (from Item 24)	7413
NTS	39. Per Capita Tax	06	46. To Employees (less deductions)	2424
EME	40. Fees, Fines, Assessments & Work Permits	60	47. Per Capita Tax	11687
MENT B DISBURSEMENTS	41. Interest & Dividends	21	48. Office & Administrative Expense	2655
MENT	42. Sale of Investments & Fixed Assets	60	49. Professional Fees	Ó 0
STATEME: AND DIS	43. Other Receipts	49	50. Benefits	00
1,5	44. TOTAL RECEIPTS	29207	51. Contributions, Gifts & Grants	∞
	If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.		52. Purchase of Investments & Fixed Assets	00
2			53. Loans Made	60
			54. Other Disbursements	1534
			55. TOTAL DISBURSEMENTS	25773